

HARDSHIP DRIVER LICENSE APPLICATION

I. Who is eligible?

- A. Only those applicants who can provide verifiable documentation that a true hardship exists. A Hardship Driver License is not a license of convenience.
- B. The applicant must be a Tennessee resident, and 14 or 15 years of age. All Hardship Licenses expire on the 16th birthday.
- C. If the applicant is within 180 days of the 16th birthday, we recommend applying for a Learner Permit instead of a Hardship License. Not only must minors hold a Learner Permit for at least 180 days prior to their 16th birthday, the processing for a Hardship License can take 2 to 3 months.
- D. For a first-time license, an applicant must be in compliance with the Compulsory School Attendance law.

NOTE: When considering whether a Hardship License is needed, and what it is needed for, please REMEMBER, if the Applicant is 15 and holds a Learner Permit, by law, s/he can drive in the State of Tennessee, as long as s/he is accompanied by a licensed driver age 21 or older in the front seat.

II. Hardship License allows the approved holder:

- A. To drive during **Daylight Hours Only** - (But no earlier than 6:30 a.m. , no later than 7:00 p.m.) - No Exceptions.
- B. To drive to specific destination(s) and on specific routes, within the State of Tennessee.
- C. To allow only immediate family members as passengers.

NOTE: If caught driving after hours, on unapproved routes, or with non-approved family members, license can be suspended.

III. Steps in Applying for a Hardship License:

- A. All Correspondence Must Be In Writing - Mail to: Department of Safety, Driver License Issuance Division, Hardship Driver License, 1150 Foster Avenue, Nashville, TN 37249-2000.
- B. Please type or print with black ink.
- C. Please make sure that all information is filled in correctly and all streets requested for applicant to travel are listed in order and easy to read.
- D. If approved, your original application will be returned along with Authorization Letters. This letter will advise you what to take to the Driver License Station for testing.
- E. If your application is denied or if any individual routes are denied, the reasons will be spelled out in our response to you. Any appeals must be in writing to the above address.
- F. Incomplete and non-legible applications will be disapproved.

NOTE: The Department of Safety can verify any and all information submitted.

IV. What if I already have a Hardship License but have some changes or additions to make to my routes?

- A. If any changes and/or additions are needed, you must re-apply.

V. Requirements for Filling Out the Application:

A. APPLICATION INFORMATION

1. Always use your full legal name: Spell out your first, middle and last name. No nicknames or initials.
2. For the address where you live, always give the street you live on, not just the P.O. Box or Route No.
3. SS # is required for the Department's records. A license cannot be issued without it, though it doesn't have to be printed on the license.

B. PRIMARY HOUSEHOLD

1. Fill out this section to describe the primary household.
2. If someone other than parent has legal custody, a copy of legal document(s) supporting this fact must be submitted with your application.
3. If self-employed provide name and nature of business.
4. If you list disabled we need medical statement from physician.

NOTE: If the person with the medical situation holds a valid driver license, they could possibly be contacted by our Driver Improvement Section to determine if they need to be re-tested in order to maintain their driver license.

C. SECONDARY HOUSEHOLD

1. Use this section for information regarding biological parent not in household.

D. OTHER MEMBERS OF HOUSEHOLD

1. Please list everyone in the household age 14 or older.

E. HARDSHIP DESTINATION

1. Multiple destinations delay the review of the application. Remember, most hardships can fit into one category or destination. No destination will be approved located outside of the State of Tennessee.
2. You must submit any and all documentation requested for destination(s) selected.
3. If you need more space to describe the hardship or the route, please use the blank space on page 5.
4. Be sure to include each street to be traveled with approximate mileage. Only the most direct route will be considered.

F. SIGNATURES REQUIRED

1. Application must be signed before a Notary Public.
2. Application must show the Notary Seal and Signature of Notary or it will be returned.

**TENNESSEE DEPARTMENT OF SAFETY
DRIVER LICENSE ISSUANCE
(There are penalties for FRAUD on an application.TCA 55-50-602)**

APPLICATION FOR HARDSHIP DRIVER LICENSE

IMPORTANT INFORMATION: Before completing this form, PLEASE REVIEW THE ENTIRE APPLICATION.
Please print with black ink or type except where indicated.

A. APPLICANT INFORMATION

Applicant's Full Name _____
FIRST MIDDLE LAST SUFFIX

Home Address _____
STREET CITY STATE ZIP

_____ P. O. BOX CITY STATE ZIP

Date of Birth: mo. _____ day _____ yr _____ Sex _____ Home Phone No. (_____) _____

ID or Learner Permit No. (If applicable) _____ SS # _____

B. PRIMARY HOUSEHOLD

FATHER / STEPFATHER / LEGAL GUARDIAN:

Name _____
FIRST MIDDLE LAST RELATIONSHIP

Home Address _____
STREET CITY STATE ZIP

Work Phone No. (_____) _____ Driver License No. _____ State _____

Employer _____ Supervisor's Name _____

Job Title _____ Type & Nature of Business _____

Employer's Address _____
STREET CITY STATE ZIP

List days and hours of normal scheduled work times: _____

MOTHER / STEPMOTHER / LEGAL GUARDIAN:

Name _____
FIRST MIDDLE LAST RELATIONSHIP

Home Address _____
STREET CITY STATE ZIP

Work Phone No. (_____) _____ Driver License No. _____ State _____

Employer _____ Supervisor's Name _____

Job Title _____ Type & Nature of Business _____

Employer's Address _____
STREET CITY STATE ZIP

List days and hours of normal scheduled work times: _____

C. SECONDARY HOUSEHOLD

FATHER / STEPFATHER:

Name _____
FIRST MIDDLE LAST RELATIONSHIP

Home Address _____
STREET CITY STATE ZIP

Work Phone No. () _____ Driver License No. _____ State _____

Employer _____ Supervisor's Name _____

Job Title _____ Type & Nature of Business _____

Employer's Address _____
STREET CITY STATE ZIP

List days and hours of normal scheduled work times: _____

MOTHER / STEPMOTHER:

Name _____
FIRST MIDDLE LAST RELATIONSHIP

Home Address _____
STREET CITY STATE ZIP

Work Phone No. () _____ Driver License No. _____ State _____

Employer _____ Supervisor's Name _____

Job Title _____ Type & Nature of Business _____

Employer's Address _____
STREET CITY STATE ZIP

List days and hours of normal scheduled work times: _____

D. OTHER MEMBERS OF HOUSEHOLD

LIST ALL OTHER MEMBERS IN EITHER HOUSEHOLD AGE 14 OR OLDER (Include stepparents, brothers, sisters, grandparents, or other person living in household(s) with the applicant):

NAME	DRIVER LICENSE #	AGE	REASON THEY CANNOT PROVIDE TRANSPORTATION FOR APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. HARDSHIP DESTINATIONS

DESTINATION # 1

☐ **FAMILY FARM (S):** To request this destination, you must:

1. List each and every destination(s) and route(s) regarding a farm request. (Each road to be traveled must be listed, from destination to destination.)

Explain the hardship created if you cannot drive to requested destination(s).

ROUTES:

	FROM: NAME & ADDRESS	TO: NAME & ADDRESS	MOST DIRECT ROUTE: STREETS, HWYS & MILEAGE
1.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

(There is extra space on page 5 for destinations.)

DESTINATION # 2

☐ **WORK:** To request this destination the applicant must be working to help financially support the family. To apply you must submit the following:

1. Letter from the applicant's employer verifying employment including hours of employment. We cannot accept check stubs.
2. Only one work location will be considered.
3. Volunteer work will not be approved.
4. Cannot approve for any type of delivery or driving from location to location (i.e. parts delivery, pizza delivery or mowing lawns)

Explain in detail why the applicant must work. How is s/he helping financially support your family?

ROUTES:

	FROM: NAME & ADDRESS	TO: NAME & ADDRESS	MOST DIRECT ROUTE: STREETS, HWYS & MILEAGE (Do not list alternate routes)
1.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
3.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

DESTINATION #3

☐ **SCHOOL:** To request this destination, you must submit the following:

1. Letter from school principal on school letterhead verifying there is no bus transportation available from your home to school(s) **AND/OR** that you are actively participating in a school-sponsored activity, that requires you to arrive before or stay after school. Name the activity, month, & hours required for participation.
2. If you must travel to a location other than the school for practice, the letter from the school principal must verify such and state the name of the location and that no transportation is available to the location.
3. If there is more than one school listed, proper documentation from each is required.

Explain the hardship created if you cannot drive to requested destination(s).

ROUTES:

	FROM: NAME & ADDRESS	TO: NAME & ADDRESS	MOST DIRECT ROUTE: STREETS, HWYS & MILEAGE (Do not list alternate routes)
1.			
2.			
3.			

(There is extra space on page 5 for destinations.)

Sample School Letter:

Date

High School USA does not have bus service for USA students who are involved in school-sponsored programs. Parents must arrange transportation for the child. John Doe participates in _____ (football, drama, etc.). These programs require practicing after school at _____ (School Campus, Civic Center, etc.) located at _____ (specific address). Our school hours are from 7:30 am – 2:45 pm. Practice begins at 3:00 pm and continues until 5 pm Monday through Friday.

Sincerely,

Principal

OR

Date

John Doe is enrolled in High School USA. The School hours are from 7:30 am – 3:00 pm. The school does not provide Transportation.

Sincerely,

Principal

DESTINATION # 4

- ☐ **GROCERY, DRUG STORE, DOCTOR'S OFFICE:** A medical reason must be involved to request this destination.
You must submit the following:

1. If the medical reason applies to someone other than the applicant, submit a medical statement from the physician stating there is a medical disability and how it affects that person's ability to drive.
2. If the medical reason applies to the applicant, submit letter from physician verifying medical condition and frequency of visits. (Must be at least twice a month or destination will not be approved).

NOTE: If the person with the medical situation holds a valid driver license, they could possibly be contacted by our Driver Improvement Section to determine if they need to be re-tested in order to maintain their driver license.

Explain the hardship created if you cannot drive to requested destination(s).

ROUTES:

	FROM: NAME & ADDRESS	TO: NAME & ADDRESS	MOST DIRECT ROUTE: STREETS, HWYS & MILEAGE (Do not list alternate routes)
1.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

If extra space is needed, using the same Format, please use this area of the Application.

F. REQUIRED SIGNATURES

WARNING!

By signing this Application and having it Notarized, you are swearing and/or affirming that the information is true and correct to the best of your knowledge and belief. There are penalties for Fraudulent Applications.

NOTE: Please make sure that all information is filled in correctly and all streets requested for applicant to travel Are listed in order and easy to read. If any changes and/or additions are needed, you must Re-apply.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF FATHER/STEPFATHER/LEGAL GUARDIAN: _____

SIGNATURE OF MOTHER/STEPMOTHER/LEGAL GUARDIAN: _____

Sworn to and subscribed before me this _____ day of _____ yr _____

NOTARY PUBLIC _____ **MY COMMISSION EXPIRED** _____

Mail to: Department of Safety
Driver License Issuance Division
1150 Foster Avenue
Nashville, TN 37249-2000

FOR OFFICE USE ONLY

_____ **APPROVED** _____ **DESTINATION (S)**

_____ **DENIED** _____ **DESTINATION (S)**

This _____ day of _____ yr _____

Reason for Denial of any or all Destination(s):

1. _____

2. _____

3. _____

Signature _____
Director/ Assistant Director, Driver License Issuance